

WARRANTY DEED

S04-1010

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,
GRANTOR

TO

Clair E. Cox, III,
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, St. Jude Children's Research Hospital, does hereby sell, convey, and warrant to Clair E. Cox, III, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 15, Section "A", Hernando Estates Subdivision, located in Section 7, Township 3 South, Range 7 West, DeSoto County, Mississippi, as recorded in Plat Book 3, Pages 33-34, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi.

The warranty in this deed is further subject to restrictive covenants, easements and setback lines of record in Plat Book 3, Pages 33-34, in the Chancery Court Clerk's office of DeSoto County, Mississippi.

By way of explanation Doris Greenwood who retained a life estate interest in the above described property departed this life on May 21, 2004, a copy of her Certificate of Death is attached hereto for reference.

Taxes for the year 2004 shall be prorated and possession is to be given with deed.

WITNESS the signature(s) of the duly authorized officer(s) of the Corporation this the 17th day of August, 2004.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

BY: Richard C. Shadyac
Richard C. Shadyac
Chief Executive Officer

STATE MS.-DE SOTO CO. *g*
FILED

AUG 18 4 10 PM '04

BK 480 PG 40
J.E. DAVIS CH. CLK.

STATE OF VIRGINIA, AT LARGE:
COUNTY OF FAIRFAX:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named Richard C. Shadyac, who acknowledged that as Chief Executive Officer for and on behalf of and by authority of St. Jude Children's Research Hospital, he signed and delivered the above and foregoing Deed on the day and year therein mentioned, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 17th August, 2004.

Carol Oakes

Notary Public

My commission expires: January 31, 2007

Grantors Address:

501 St. Jude Place
Memphis, TN 38105

Home Phone number:

Business number: 901-578-2000

Grantees Address:

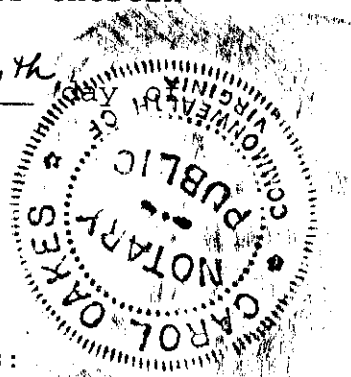
450 W. Valley St.
Hernando, MS 38632

Home Phone number: N/A

Business number: 429-9886

Prepared By:

Austin Law Firm, P.A.
6928 Cobblestone Drive, Suite 100
Southaven, Mississippi 38672
(662) 890-7575



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 0480PG0042

JUN 23 2004

CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER

123-04-0123261

TYPE OR PRINT
WITH BLACK INKFILING
DATE

DECEASED

death occurred in
institution, see
HANDBOOK, regarding
completion of
RESIDENCE itemsRESIDENCE items,
enter actual location
home rather than
mailing address

PARENTS

INFORMANT

DISPOSITION

PRONOUNCEMENT

CERTIFIER

Mississippi State
Board of Health
Form No. 511
Revised 1-1-89

CAUSE OF DEATH

Conditions, if any,
which gave rise to
immediate cause
stating the
underlying
cause lastHad Decedent
been Pregnant
within 90 Days
prior to Death?

Yes No

1. NAME First Middle Last DORIS DOVER GREENWOOD	2 SEX FEMALE	3a HOUR OF DEATH 04:50A ^m	3b DATE OF DEATH (Month, Day, Year) MAY 21, 2004
4 RACE (Specify White, Black, American Indian, etc.) White	5a AGE AT LAST BIRTHDAY 81 Years	5b MOS 5c DAYS 5d HOURS 5e MINS	6 DATE OF BIRTH (Month, Day, Year) 11-25-1922
7a COUNTY OF DEATH DESOTO	7b CITY OR TOWN OF DEATH SOUTHAVEN	7c HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B	7d IF IN HOSP. OR INST. SPECIFY INPT, OUTPT, EMER, RM, OR DOA INPT
8 STATE OF BIRTH TN	9 DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) 12 (1-4) 5+	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	11 SURVIVING SPOUSE (If wife, give maiden name) N/A
12 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO	13 ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American	14 SOCIAL SECURITY NUMBER 415-18-6695	15a USUAL OCCUPATION (Kind of work done) (most of working life) Sales Person
15b KIND OF BUSINESS OR INDUSTRY Retail	16a RESIDENCE-STATE MS	16b COUNTY DeSoto	16c CITY OR TOWN Hernando
16d INSIDE CITY LIMITS (Specify Yes or No) Yes	16e STREET AND NUMBER OR RURAL LOCATION 1541 Pontotoc St.	17 FATHER-NAME First Middle Last Dee P. Dover	18 MOTHER-NAME First Middle Maiden Myrtle Manning
19a INFORMANT-NAME (Type or print) Theresa Cheshire	19b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 8304 Baldwin Cove Southaven, MS 38671	20a BURIAL, CREMATION, REMOVAL (Specify) Burial	20b CEMETERY, CREMATORY-NAME Calvary Cemetery
20c LOCATION (City and State) Memphis, TN	21a EMBALMER-SIGNATURE AND NUMBER Brian Jones FS765	21b FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Hernando Funeral Home 17S	21c MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 140 W. Commerce St. Hernando, MS 38632
22a PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) MICHAEL DORRITY, MD	22b PRONOUNCED DEAD (Month, Day, Year) ON MAY 21, 2004	22c PRONOUNCED DEAD (Hour) AT 04:50A ^m	
23a CERTIFIER-NAME (Type or print) JOHN BLACK, MD	23b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4364 HWY 51 S, SENATOBIA, MS 38668	24a To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>[Signature]</i> MD	24b DATE SIGNED (Month, Day, Year) 6/9/04
24c STATE LICENSE NUMBER 8543	24d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	24e On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>[Signature]</i>	24f TITLE
24g DATE SIGNED (Month, Day, Year)			
25 PART I: IMMEDIATE CAUSE (Enter one cause only) (a) <i>COPD</i> (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Interval between onset and death	Interval between onset and death	Interval between onset and death
26 PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I <i>CHF, Hypokalemia, a anem</i>	27 AUTOPSY (Yes or No) No	28 WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes	
29a ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b DATE OF INJURY (Month, Day, Year)	29c HOUR OF INJURY m.	29d DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
29e INJURY AT WORK (Yes or No)	29f PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g LOCATION	Street or route number City or town State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

AUG -6 2004

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.